

**For Official Use Only**

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

**Signature**

**Signed**

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11/01/2005

Date \_\_\_\_\_

202-463-7663

**Telephone Number**

Name of Person Filing John Martini

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name AFL-CIO Building Investment Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1717 K Street, N.W. Suite 810

City Washington

State District of Columbia ZIP Code + 4 20006

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name National Roofing Industry Pension Fund

Trade Name, if any: NRIPP

P.O. Box, Bldg., Room No., if any

Street 7990 S.W. 117th Avenue

City Miami

State Florida ZIP Code + 4 33183-3845

## 11.a. Nature of such dealing.

Investment Manager.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

01/20/2004 - Dinner Meeting Mr. Martini &amp; Wife

## 12.b. Amount.

\$106

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name AFL-CIO Building Investment Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 1717 K Street, N.W., Suite 810

City Washington

State District of Columbia ZIP Code + 4 20006

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name National Roofing Industry Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 7990 SW 117th Avenue

City Miami

State Florida ZIP Code + 4 33183

## 11.a. Nature of such dealing.

Investment Manager

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

02/18/2004 - Dinner Meeting Mr. Martini &amp; Wife

## 12.b. Amount.

\$190

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Mosaic Printing

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4801 Viewpoint Place

City Cheverly

State Maryland

ZIP Code + 4 20781

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State Other

ZIP Code + 4

## 11.a. Nature of such dealing.

Printing Company

11.b. Approximate dollar value of such dealing.

\$5,000

## 12.a. Nature of interest held or income received.

02/12/2004 - Luncheon Meeting

12.b. Amount.

\$27

AMENDED REPORT

**Form LM-30**

**Fiscal Year: 1/1/2004 – 12-31-2004**

**Name of Person Filing: John C. Martini**

As I was not aware of the report and requirements for filing Form LM-30, for the period January 1, 2004 to December 31, 2004, and prior to that time. I have attempted in good faith to reconstruct such financial transactions or arrangements that may be determined to be reportable occurrences. As I do not have accurate records of such occurrences, some or several items may be unintentionally omitted from this report. The attached represents my honest effort to reasonable estimate and report what I believe to be the necessary information.